## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10704750

110/87//												
		CLAIMS A	S FILED (Colum		-	(Column 2)		SMALL E	ENTITY	OR		R THAN . ENTITY
TOTAL CLAIMS			10		·			RATE	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FE	<del></del>	OR	BASIC FEE	<del>                                     </del>
TO	TAL CHARGE	ABLE CLAIMS	16 m	inus 20=	* 12			X\$ 9=		-	X\$18=	<del>                                     </del>
INDEPENDENT CLAIMS			L/ in	ninus 3 =	* ,			<u> </u>	1.	OR		<del>                                     </del>
MULTIPLE DEPENDENT CLAIM PR			<del>'                                    </del>					X43=		OR	X86=	86
<u> </u>	11 11/1		la a di				١.	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	•	TOTAL		OR	TOTAL	856
CLAIMS AS AMENDED - PART II								CMALL	ENTITY	00	OTHER	
(Column 1)			(Column 2)			(Column 3)	٠.	SWALL	EMILIA	OR.	SMALL	ENIIIY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<del>.</del>	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		1 1	+290=	
		L	TOTAL	<u> </u>	OR	TOTAL						
ADDIT FEE											ADDIT. FEE	L
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT (	CLAIM			.145-		1 1	+290=	
								+145= TOTAL		OR		
								DDIT. FEE		OR A	TOTAL DDIT. FEE	
(Column 1) (Column 2) (Column 3)										•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	•
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
•	iie mignest Num	Der Previously Paid	ror (Total or	independent	t) is the h	nighest number	found	in the app	ropriate box	in colu	mn 1.	